



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:
CHARLES R. F	PIEST	☐ House ☐ Senate
Mailing address	aktion (Market (Millia belief Lafeth Nether thinks). Territor in this are seen under a seer or one in the interest and property group of the grant group and group group group group.	District
9 BOWKER ST. City, zip code BRUSWICK 040		63
City, zip code	1990/01/SSEED PPINSO BENDATE BENDATE BENDATE SEED OF PRINTED AND AND AND AND AND AND AND AND AND AN	Phone
DEVUS WICE O4	?/(725-5439
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer fro economic activity of each employer.	m whom you received compensation of \$1,000 or	more. Specify the principal type o
Name of Employer	Address	Principal Type of Economic Activity of Employer
BRUNSWICK SEWER	BRUNSWIK, ME 04011	Westernater
DISTRICT	BRUNSULLE, ME OGON	Treatment
Conur, Beard of Trystees)		
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	or vernambly Ki	- NORTH AND A CONTROL OF THE A
	NAVABILIA.	CENTRAL PROPERTY CONTRACTOR CONTR
	COME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	To deline e de la production de la company. Description de la company
	if any, and list the major areas of economic activity	v from which you derived income. If
	association, or similar business entity, list the maj	
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity	Activity
	(self)	(partnership, association or similar business entity)
Name: Charles Priest Law of	Free LAW	Be Solv
		ownership
Address: 387 water St., Augusta	0 4550	a 4
Name: PRIEST APARTMENTS	APORTMENT	Sele
Address: 387 Water Sr., August/		owership

PART 2 (continued). INCOME DERIVED FF (For Legislators, who are self-er		MENT		
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pe disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you d	erived su	ch income. If this form of	of
Name and Address of Source		Activity	cipal Type of Economic of Entity or Person Who is Source of the Income	3
Name: Charles Priest Law Office				
Address: 387 Weter ST. AUGUSTA 4E 043	30	2,110	PRACTICE	
Name: PRIEST APARTMENTS		Ara	RTMENT	
Address: 387 WEEV ST, AUGUSTA, ME 043:	3 <i>0</i>	<i></i>		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys- List your major areas of practice. If associated with a law firm, list the major are	at-law only.)			
Name and Address of Firm	Major Areas of Pra	CONTRACTOR	Major Areas of Practice	
Name: Charts Priest Law Office	(self) Disabilitzy Co	uranianianianianianianianianianianianiania	(firm) San E	
	WILLS	Cocharac	* ;	
Address: 387 Wyter ST., AYEUSTA, ME 04330	Land St. Communication	o principal de la constitución d		m(w).w.
Name:	mandeterialista Anna	- Indiangagaga Pop		
Address:	The state of the s	THE THE PERSON AND ADDRESS OF THE PERSON AND		
PART 4. OTHER SOURCES		a_ #		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this **None	norm. Do not include gi	ILS. II FIOI	ie, check the box.	MN/II
Name and Address of Source	A A triming to the Deal of contract with a second wall for the BEACH of the Beach contract to the Annual Annual States (A		Kind of Income	MIN (
reduce data / reduces of Gource		(inv	estments, leases, etc.)	
Name:	Non-control state of the state			
Address:				69/1:D 9 ()
Name:	novered and a			
Address:	- Maritimens since est			
PART 5. REPORTABLE LIA				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that ye areas of economic activity of each creditor. Do not list credit card liability or loan				r
None				
Name and Address of Creditor			cipal Type of Economic Activity of Creditor	
Name:	On-Assistance			
Address:				
Name:	74483463463463474748853447434634646666466466646746674678886674488866744667467467		ame social nation a size e a measure a more service as measure a measure and consider and in the service and the service and the service as t	#-wa

Address:

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include none, check the box.	de gifts with an aggregate	value of more than \$300 from a single	source. If
None	ener convenient with the report over the energy was the energy convenient to the energy convenient to the convenient to the energy convenient to t	Nitradia katalah 1940-1946 bilan katalah dalah salah salah salah salah katalah katalah dalah salah salah salah	X
Name of Source of Gift		Name of Source of Gift	
	3.		
	4.		- STATES AND STATES AN
	PORTABLE HONORAR		
List the source of any honoraria accepted for appearances or s	speeches related to your re	gislative responsibilities. If none, check	the box.
Name of Source of Honoraria		Name of Source of Honoraria	
Name of Source of Horiotatia 1.	3.	Ndfile of Source of Fronting	NAMANINENA KARABANA MANIMANI I PENAMBELI PERMETA I PENAMBELI PERMETA I PENAMBELI PERMETA I PENAMBELI PERMETA I
2.	orizoni, romani romani pri pri pri pri pri pri pri pri pri pr		t v de visit er den st. denning de de verbande de transle de transle de translerio de de
	Volume		
PART 8. REPRESENT			
List each executive branch agency before which you represent box.	nted or assisted others for	compensation of any amount. If none	, check the
None	particular programa de la composition della comp	WBO BBB CBB CBB CBB CBB CBB CBB CBB CBB C	NA MERICA MAJARTICA ANALISA IN SAMBARTSA CARACTERA
Name of Agency		Name of Agency	
1. Maine Public Employee Refirement	T 3. Maine	Superior Court	
2. Marge Labor Board	nenec connect connect control of an annual section	. N. 2 китопите на стано и режима на постоя на применения на применения на постоя на постоя на постоя на посто • • • • • • • • • • • • • • • • • • •	**************************************
PART 9. BUSINE	ESS WITH STATE AGE	NCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	r of your immediate family	sold goods or services with a value in	n excess of
None	meter til start start ett till stelliste et tillkesti och hells start ved still hell blev blev bester start st	ang ikan terum namanakan menangan salaman salaman menangan salaman ang agaman salaman kan salaman ikan ikan ik	Province with the control of the con
Name of Agency		Name of Agency	
1.	3.	i karina katan	White West Washington
2.	4.	tallandermennen, en en en egitet frijse vandagseptemen frijndagskip hem stadigsprontalisten ander die beskip kometen ein ein de stadione en e	**************************************
			The second Second Second Colors and Second S
PART 10. INCOME RECEIVE	D BY MEMBERS OF IM	IMEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	of income represented. If	e received by your spouse or domestic your spouse or domestic partner received	partner or ved \$1,000
	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Incom	e/habhhairinnan/habhainnan/habhairin
Name: PATRICIA RYAN	1. STATE EMPLY	Spouse or 1. SALARY	dveneervi vielelela aroona aerespessa onsis i
	2.	Domestic 2.	
JOB TITLE: EXECUTIVE DIRECTED COMMISSION	3.	3.	N4****milet the laser observations description programages
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
Bests and the Kind of Income.	STOCK AND	Dependent Child	

None				
Organization/Business and Address	Title	Position Held By:	Family Mem Name	
BRUNSWICK SEWER DISTRICT	CHAIR, BOANS OF TRUSPEES	SELF	**************************************	45
BRUNSWACK, ME 04011	TRUSTEES			
	SIGNATURE			
Legislator who willfully fails to file a required stateme				
illfully filed a false statement, it shall refer its findings	crime. If the Commiss of fact to the Attorney			
illfully filed a false statement, it shall refer its findings	of fact to the Attorney		R.S.A. § 1019))
	of fact to the Attorney	General. (1 M.F	R.S.A. § 1019))
Choule P. P. Choule Signature	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	
Signature Please provide any additional information below (and the information you are providing.	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	
Signature Signature ADDIT Please provide any additional information below (and the information you are providing. ant/Section	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	
Signature Please provide any additional information below (and ne information you are providing.	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	
Signature Please provide any additional information below (and ne information you are providing.	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	
Signature Please provide any additional information below (and ne information you are providing.	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	
	of fact to the Attorney	General. (1 M.F.	7, 20/0 Date	

PART 11. OFFICER OR DIRECTOR POSITIONS